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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/829,485			Filing Date 22 April, 2004			To be Mailed		
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) MANTELL, ROBERT R. Page 1 of 1								
					* May be used for additional claims or amendn								
CLAIMS	ASI	FILED	AMEN	R FIRST DMENT 8/2008	AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5 6				1 1			55 56						
7				1			57						
8				4			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13 14				1 1			63 64						
15				1			65						
16				2			66						
17				2			67						
18				1			68						
19			canc	eled			69						
20			canc	eled			70						
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25			canc	eled			75						
26			canc	eled			76						
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29			canc	eled			79						
30			canc	eled			80						
31 32			canc	eled eled			81 82						
33			cane	eled			83						
34			canc	eled			84						
35			canc	eled			85						
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41							91						
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44							94						
45							95						
46							96						
47 48							97 98						
48							98						
50							100						
Total			1				Total						
Indep							Indep						
Total				22			Total						
Depend		I		12			Depend						
Total Claims				23			Total Claims						

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